

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		19	3301
O.I.P.E. CLASSIFIER		TC 900	03-13-01
FORMALITY REVIEW	let	907	6-2-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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**BEST AVAILABLE COPY**